

<b>Case Number:</b>	CM13-0045324		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	01/26/2013
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 64 year-old female sustained an injury after tripping on a wire and falling on both knees on 1/29/13 while employed by [REDACTED]. Request under consideration include VISCOSE INJECTIONS FOR THE RIGHT KNEE ONCE A WEEK FOR FIVE WEEKS. Report of 10/15/13 from the provider noted patient with right knee pain with difficulty maneuvering stairs to her right knee. Exam of right knee showed pain along anterior patella and positive patellofemoral grind test; range of 1-120 degrees. X-rays on 1/29/13 showed mild osteopenia and right superior patellar spurring. MRI of right knee on 5/7/13 confirmed patellar tendinosis with moderate bone spur from patella with tricompartmental arthritis (no dictated report available). Conservative care has included Celebrex, cortisone injection, physical therapy, antiinflammatory medications, and opioids. Diagnoses included right knee sprain/strain; probable medial and/or lateral meniscus tear; left knee patellofemoral chondromalacia with possible meniscus tear. Treatment request above was non-certified on 10/24/13 citing guidelines criteria and lack of documented failed conservative treatment such as physical therapy or delay of surgical plan. There is an appeal letter of 10/31/13 noting the patient has treated extensively with conservative treatments and despite continued care, remained futile and minimal in management the patient's knee pain and functional limitations.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**VISCOSE INJECTIONS FOR THE RIGHT KNEE ONCE A WEEK FOR FIVE WEEKS:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Knee and Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Hyaluronic Acid Injections, pages 311-313.

**Decision rationale:** This 64 year-old female sustained an injury after tripping on a wire and falling on both knees on 1/29/13 while employed by [REDACTED]. Request under consideration include VISCOSE INJECTIONS FOR THE RIGHT KNEE ONCE A WEEK FOR FIVE WEEKS. Conservative care has included Celebrex, cortisone injection, physical therapy, antiinflammatory medications, and opioids. Exam of right knee showed pain along anterior patella and positive patellofemoral grind test; range of 1-120 degrees. Diagnoses included right knee sprain/strain; probable medial and/or lateral meniscus tear; left knee patellofemoral chondromalacia with possible meniscus tear. Published clinical trials comparing injections of visco-supplements with placebo have yielded inconsistent results. ODG states that higher quality and larger trials have generally found lower levels of clinical improvement in pain and function than small and poor quality trials which they conclude that any clinical improvement attributable to visco-supplementation is likely small and not clinically meaningful. They also conclude that evidence is insufficient to demonstrate clinical benefit for the higher molecular weight products. Guidelines recommends Hyaluronic acid injections as an option for osteoarthritis; however, while osteoarthritis of the knee is a recommended indication, there is insufficient evidence for other conditions, including patellofemoral arthritis, chondromalacia patellae, osteochondritis dissecans, or patellofemoral syndrome. Submitted reports have not demonstrated clear supportive findings for the injection request. The VISCOSE INJECTIONS FOR THE RIGHT KNEE ONCE A WEEK FOR FIVE WEEKS is not medically necessary and appropriate.